

The ABC's of ADATSA Adult Services

Revised Edition 7/2007

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PREFACE - ACKNOWLEDGEMENTS

The ***ABCs of ADATSA*** –is the key reference guide for the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) program. Over time, the scope of this ***ABCs*** has expanded, incorporating information of other related chemical dependency treatment services.

This Revised Edition of the *ABCs* reflects changes to the ADATSA system due to Criminal Justice Treatment Account (CJTA) clients; Temporary Assistance for Needy Families (TANF) and Social Security Income (SSI) referrals and TARGET updated forms that reflect these changes.

The ***ABCs*** is a guide that thrives on reader feedback, questions, and suggestions for other topics. If you have any such input or any other comments or questions, please submit it in writing and mail it to the ADATSA Policy Lead, P.O. Box 45330, Olympia, Washington 98504-5330 or e-mail adatsapolicy@dshs.wa.gov.

We want to thank you, the reader, for continuing to provide support to those seeking recovery services. We also wish to acknowledge and thank all of you dedicated individuals and organizations who have made adult chemical dependency treatment programs in Washington State accessible and effective for families and individuals suffering from chemical dependency.

Most of all we would like to acknowledge the families and individuals that we all work for, that our continued collaboration never lets us forget the reason we are all here, “the Client”.

The ABCs Of ADATSA Revised Edition 7/2007

CHAPTER A - OVERVIEW	6
ADATSA History	6
ADATSA Intent.....	6
ADATSA Treatment Services	7
Help for ADATSA.....	7
Keys to Making These Systems Work.....	8
 CHAPTER B – DEFINITIONS/DESCRIPTIONS	 9
ADATSA Assessing Agency	9
ADATSA Eligibility and Gainful Employment	9
American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC).....	9
GAU	10
GAX	10
Incapacity Social Worker (ISW) at the CSO	10
Outpatient Treatment for ADATSA clients.....	11
Residential Treatment.....	11
 CHAPTER C – ELIGIBILITY REQUIREMENTS	 12
ADATSA Eligibility	12
Dual Eligibility.....	13
Non-Cooperation/Discharges.....	14
Participation.....	14
Unemployability and ADATSA Eligibility	15
 CHAPTER D – ADATSA PROCESS	 17
Application Process.....	17
Assessment	17
Case Monitoring and Tracking	18
Confidentiality	19
Duties of Assessment Agency Staff.....	20
Exceptions to Rule (ETR)	20
Fair Hearings/grievances for ADATSA Clients.....	21
Residential Services Vendor Payment (RSVP).....	21
TARGET.....	22
Transfers of ADATSA Treatment Case Records.....	22
 CHAPTER E – ADATSA BENEFITS	 23
Living Allowance, ADATSA Treatment (WAC 388-800-0110 and 388-800-0115)	23
Physical Exams	24
Protective Payees (ADATSA Outpatient)	24
Shelter Program	25
 CHAPTER F – OTHER RESOURCES AND ADATSA	 26
Access to Recovery (ATR)	26
Childcare	26
Co-Occurring Disorders (COD).....	27
Criminal Justice Treatment Services	27
Detoxification Services.....	27
Drug Courts	28
First Steps.....	29
Interpreter Services.....	29
Methadone Maintenance (Opiate Substitution) Outpatient Treatment.....	29

Outpatient Treatment Services for Non-ADATSA Individuals.....	30
Pioneer Center North (PCN) and Pioneer Center East (PCE).....	31
Pregnant and Post-Partum/Parenting Program.....	31
Publicly Funded Chemical Dependency Treatment Services.....	33
Residential Treatment Services for Non-ADATSA Adults.....	33
Transportation.....	34
Veteran's Administration (VA) Treatment.....	34
WorkFirst/TANF (Temporary Assistance for Needy Families).....	34
Youth Residential Treatment.....	35
 CHAPTER G – TARGET AND FORMS INFORMATION	36
Forms Availability (ADATSA and/or TARGET)	36
Forms	36
 CHAPTER H - Adatsa Outpatient Transfer Policy and Procedures.....	39
 CHAPTER I-.....	40
APPENDICES	40
 APPENDIX A:	40
ADATSA Forms	40
 APPENDIX B:	41
COMMON TERMS AND ACRONYMS LIST	41
ACRONYMS	44
PROGRAM/DEPARTMENT OR SERVICE ACRONYMS	45
 APPENDIX C:	46
RCW AND WAC relevant to ADATSA	46
 APPENDIX D:	46
RESOURCES- Appendix G in Green Book, DASA RA & RTM information, ADATSA Coordinators CSD, and EAZ MANUAL	46
 Changes Made to the ADATSA Manual.....	59

CHAPTER A- OVERVIEW

ADATSA History

Before the existence of the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) program, Washington State had become an attraction for impoverished populations affected by alcoholism and drug addiction. The process to draw money from the state welfare system was easy, and had no accountability. General Assistance Unemployable (GAU) payments had minimal requirement of participation in treatment for individuals incapacitated by chemical dependency. The caseload grew rapidly from 1,200 in 1982 to over 6,000 in 1986.

The Washington State Legislature addressed this issue by removing alcoholism and drug addiction from GAU and creating the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) program in April, 1987 for indigent adults deemed unemployable and incapacitated as a result of their addiction. The program was designed to accomplish three things with this growing caseload of clients affected by chemical dependency:

- Control the growth of GAU caseload,
- End the use of state funds in welfare checks to purchase alcohol and/or drugs; and,
- Focus treatment resources on people wanting to recover, offering a better life and reclaim out chemically dependent population. This includes providing a safety net for those so severely impaired that treatment was not a viable option.

It was feared that without this program, the caseload would continue to grow and few people would leave the welfare rolls.

Two years after the ADATSA program was established in April, 1987, the combined caseload for treatment and shelter went down to 2,800 individuals. This program proved that accountability is the key to recovery. Clients receiving payments benefited from continuity of care.

The success of ADATSA comes from the way the program melds treatment services to self-sufficiency services like food, medical care, shelter, jobs and self esteem.

ADATSA Intent

- The intent of the ADATSA funded program is to provide treatment and support services to persons incapacitated from gainful employment, due solely to alcoholism or drug addiction. ([WAC 388-800-0040](http://www.wa.gov/wsp/388-800-0040)).

- The primary legislative intent of ADATSA is to direct resources to:
 - Focus treatment "on persons willing to commit to rehabilitation," and
 - Providing a program of shelter services to help meet the basic needs of indigent substance abusers who are currently addicted **and** whose addiction has progressed to the point that it has caused the individual significant physiological or organic damage or cognitive impairment, which will not dissipate with sobriety or detoxification.

ADATSA Treatment Services

- The ADATSA Program provides funding for chemical dependency treatment services to people who are addicted to alcohol and/or drugs whose chemical dependency is severe enough to render these individuals incapable of gainful employment. Gainful employment is determined by the Community Services Office (CSO). *Gainful employment is a policy used by both CSOs and Assessment Agencies.*
- ADATSA treatment services are available to eligible individuals who want and can benefit from chemical dependency treatment.
- Treatment services consist of residential and/or outpatient services.
- The Assessing Agency determines an initial course of treatment based on an individual assessment of alcohol/drug history and treatment.
- Treatment services availability is subject to current demand, funding considerations, and considerations for priority populations.
- Individuals in ADATSA outpatient treatment may receive a living stipend through their payee.

Help for ADATSA

- For TARGET questions, including ADATSA in TARGET, call the TARGET help desk at 1-888-461-8898.
- Treatment providers and assessing agencies may contact their Regional Treatment Manager, Regional Administrator, or ADATSA Policy Lead at DASA in Lacey. (DASA Regional Staff).
- CSO Staff contact Community Service Division (CSD) ADATSA Coordinators or CSD Regional Administrator. **Appendix D.**

Keys to Making These Systems Work

The three key elements to making the ADATSA program an effective treatment and support program are:

- Cooperation;
- Coordination; and,
- Communication.

To ensure client success all agencies, including CSOs, must maintain ongoing communication, cooperation, and coordination. When the client is under your care, they depend and rely on you to understand what their next step is in the recovery process.

CHAPTER B DEFINITIONS/DESCRIPTIONS

ADATSA Assessing Agency

Definition: A county or Tribal designated agency that conducts diagnostic evaluations and determines clinical eligibility for ADATSA funded treatment services. The Assessing Agency is the ADATSA program case coordinator for the client.

ADATSA Eligibility and Gainful Employment

- For the purposes of ADATSA eligibility determination, gainful employment is defined as the capacity to perform, in a regular and predictable manner, an activity usually done for pay or profit, or volunteer work, which could be done for pay or profit. ([WAC 388-800-0055\(3\)](#))
- Gainful employment does not include work done:
 - In a sheltered workshop or with other special considerations or arrangements made specifically to help an individual overcome his or her impairments.
 - Work done sporadically or part-time, if this person is unable to compete with unimpaired workers in the same job due to his or her incapacitating condition.

American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC)

- WAC 388-805-310(2) requires a certified Chemical Dependency Professional conduct ADATSA client assessments. The CDP must use the ASAM PPC dimensions to make all patient placement decisions.
- The assessing CDP must use the PPC to establish the initial recommended level of care.
- The availability of ADATSA funded treatment may not always allow the placement of a patient in the appropriate level of care. Therefore, placement may need to be modified to address each individual patient's most urgent needs. The rationale for patient placement in levels of care that are contrary to the PPC should be documented in the individual patient record.

- Once the patient has been placed in a chemical dependency treatment agency, the treating CDP is required to conduct periodical assessments of each patient's need for the current level of care and if necessary, make recommendations to change the patient's care to a higher or lower level of care. It is possible an individual patient may not require the length of treatment that was anticipated.

GAU

General Assistance for the Unemployable (GAU) is the public assistance program for adults without dependent children who have a short-term incapacity due to psychological and/or physical disorders. This program excludes individuals when chemical dependency is their only impairment. [\(WAC 388-448-0010\)](#)

GAX

- General Assistance with Expedited Medicaid (GAX), is the public assistance program for adults who are potentially disabled and therefore qualify for Medicaid while waiting to receive SSI benefits.
- The purpose of GAX program is to help state assistance recipients who appear to meet federal disability criteria apply for and pursue Social Security Supplemental Security Income (SSI). The department is authorized to provide these recipients with Medicaid (SSI-related categorical needy medical assistance) prior to a federal determination of disability. [\(WAC 388-448-0200\(2\)\)](#)
- Clients eligible for the GAX program are not placed on ADATSA. If they need residential treatment, they are considered eligible for residential treatment on the basis of their receipt of the GA-X program of assistance.
- The **referral** for determination of eligibility for GAX is made by CSO staff based on social services assessment of a medical or psychological report. The **GAX eligibility** decision is made by physician under contract with Division of Employment and Assistance Programs (DEAP).

Incapacity Social Worker (ISW) at the CSO

- Screens and refers new applicants as appropriate for ADATSA assessment.
- Responsible for ADATSA case coordination between financial services and the ADATSA assessment agency.
- Determines eligibility for the ADATSA Shelter program.
- Arranges for a protective payee for shelter-eligible recipients.

Outpatient Treatment for ADATSA clients

- Outpatient treatment is a highly structured chemical dependency treatment program in a non-residential setting.
- Recipients transitioning to outpatient treatment from residential treatment receive services focusing on sobriety maintenance and vocational support.
- The county or Tribe providing the ADATSA outpatient service is financially responsible for the cost of providing the outpatient services, regardless of the client's county or Tribe of origin.
- Individuals on other forms of public assistance (i.e., TANF, SSI, GAU) are not eligible to receive ADATSA funded outpatient services or a living stipend.

Residential Treatment

- A residential program consists of education, individual therapy, group therapy, and activities related to detoxified alcoholics and drug addicts who are in a live-in arrangement. DASA contracts directly with residential providers.
- The Division of Alcohol and Substance Abuse provides the source of funding for residential chemical dependency treatment.

CHAPTER C

ELIGIBILITY REQUIREMENTS

ADATSA Eligibility

- To qualify for the **ADATSA Program of Assistance**, which provides for adult chemical dependency treatment, an applicant shall:
 - Be financially eligible as determined by the CSO. ([WAC 388-800-0048](#))
 - An individual is eligible for outpatient treatment when he/she has no income or has net income that is less than the current one-person payment standard. ([WAC 388-478-0030](#))
 - An individual is eligible for residential treatment when he/she has no income or net income below the cost of residential treatment based on the cost of residential treatment at the rates paid by DASA.
 - Be incapacitated by alcoholism or drug addiction as determined during the ADATSA assessment by an ADATSA Assessing Agency ([WAC 388-800-0055](#)).
 - Be "actively addicted," meaning, being diagnosed as alcoholic and /or drug addicted and having used within the 90-day period immediately preceding the latest Assessing Agency evaluation, *excluding any days of incarceration*.
 - Be currently amenable to treatment. This is a professional determination by the Assessing Agency staff, based upon the client's past history, motivation, and other factors established during the assessment interview.
 - Individuals participating in ADATSA funded outpatient treatment may continue to be considered incapacitated for purposes of ADATSA eligibility, even if they become gainfully employed.

NOTE: As long as the client's income does not exceed the financial eligibility payment standard after allowing the earned income disregards and exemptions, they remain eligible for assistance through completion of treatment.

- To qualify for the **ADATSA Shelter Assistance Program** an applicant shall:
 - Meet the same financial eligibility requirements as for GAU. ([WAC 388-800-0048](#))
 - Be "actively addicted," meaning being diagnosed as alcoholic or drug addict and having used within the 60-day period immediately preceding the latest Assessing Agency evaluation.

- Have resulting physiological or organic damage, or have resulting cognitive impairment not expected to dissipate with 60 days of sobriety or detoxification.

NOTE: The diagnosis and severity of the physiological or cognitive impairment must be supported by documented medical evidence from a physician or psychologist.

Dual Eligibility

Definition: A client who qualifies for General Assistance Unemployable (GAU) and ADATSA shelter assistance. The client chooses the program they want. ([WAC 388-448-0010\(4\)](#))

- For an individual determined chemically dependent, the Assessing Agency:
 - Determines eligibility for the ADATSA shelter assistance program.
 - Determines if the client meets ADATSA treatment eligibility criteria.
 - Assesses if the individual is amenable to treatment.
- The Incapacity Social Worker (ISW) is responsible to explain to all applicants for ADATSA treatment, ADATSA shelter, and/or GAU, (the requirements and benefits). This includes:
 - That under the GAU program, chemical dependency treatment may be required.
 - If a GAU individual fails to participate in required treatment, he or she is terminated from GAU assistance.
- The ISW informs GAU eligible individuals that following through on a referral to chemical dependency treatment is a condition of continued eligibility for GAU.
- If the client is eligible for both GAU and ADATSA shelter assistance, the incapacity specialist ensures the client has the information needed to use their right to choose the desired program.
- The ADATSA Assessing Agency develops an ADATSA plan for an applicant eligible for ADATSA but refuses treatment. The plan and the applicant's reason for refusal to participate in treatment are sent to the CSO.
- The CSO authorizes assistance for GAU, ADATSA treatment, or ADATSA shelter assistance once eligibility is established.

NOTE: The CSO cannot delay authorizing assistance under one program while awaiting the outcome of another program's eligibility determination.

Non-Cooperation/Discharges

- Policies, which apply to treatment discharges and dropouts, are ([WAC 388-800-0090](#)):
 - When a client drops out or is discharged from treatment, the treatment provider must immediately notify the CSO and the Assessing Agency using the DSHS 14-310, *ADATSA and TANF Client Status Change Report* [**NOTE:** Successful treatment completion is our objective, therefore, whenever possible the Treatment Provider must be willing to work with the client to transfer him/her to a higher or lower level of care.]
 - The client is subject to termination with ten days notice, as all benefits for treatment recipients are contingent upon current participation in treatment.
 - If the client requests a fair hearing, no continued assistance benefits will be issued, although benefits through the advance notice period are available.
 - A client absent from residential treatment for less than 24 hours may be readmitted without being required to apply for re-admittance through the CSO.
- If the client has issues, the agency's grievance procedure is followed.

Participation

- As of May 1, 2000, participation toward the cost of care is not required of a client receiving services in any DASA-contracted adult residential chemical dependency treatment program. ([WAC 388-800-0085](#))

Program of Assistance is ADATSA

- Clients who are not eligible for other programs of public assistance and who are clinically and financially eligible are placed on the ADATSA Program.
 - These individuals must receive their assessment and placement into treatment from and "ADATSA Assessment Agency"
 - These individuals who are placed on the ADATSA program have their treatment services (outpatient and/or residential) paid through ADATSA funding.
 - These clients are eligible for ADATSA treatment, shelter, and/or medical.
 - They are not eligible for other forms of public assistance programs.

- The client who is eligible for the ADATSA program only while he/she is in residential treatment is an ADATSA client only while in residential treatment. These are the clients whose income does not meet financial eligibility criteria if the client is in outpatient treatment (the client's net income exceeds the one-person payment standard but is less than the cost of residential treatment).
- Often an individual referred to the Assessing Agency may also be pending a GAU determination. (See Dual Eligibility Section).

Programs of Assistance Other Than ADATSA

- Individuals on other forms of public assistance programs (i.e., TANF, SSI, GAU, GAX, and Medicaid) are eligible to receive chemical dependency treatment services (residential and outpatient) free of charge through the DASA-contracted residential and outpatient treatment agencies.
- TANF, SSI, GA-U, GA-X, and Medicaid clients do not need to go through an "ADATSA Assessment Agency" to receive an assessment and placement into treatment. These public assistance recipients can receive their assessment and placement through any DASA-contracted treatment agency.
- When the CSO refers a recipient of TANF, SSI, GA-U, GA-X or Medicaid to a treatment agency, the CSO staff complete the DSHS 14-299 indicating the client is Title XIX eligible and a recipient of TANF, SSI, GAX, or that the client is a recipient of GAU . This notifies the assessing agency that the individual is not an ADATSA client.
- A GA-U client is not transferred to the ADATSA program of assistance just because he/she has entered treatment.

Unemployability and ADATSA Eligibility

- To be considered eligible for ADATSA services, an individual cannot be gainfully employed within the last thirty days prior to assessment.
- The Assessing Agency is responsible to determine incapacity. [\(WAC 388-800-0055\)](#).
- Individuals gainfully employed at the time of assessment for the ADATSA program are ineligible for the ADATSA program. Refer to Definitions chapter for definition of gainful employment. The ADATSA Assessment Agency may request an exception to rule to approve ADATSA for people needing residential or outpatient treatment who do not meet this definition.

- Individuals participating in ADATSA outpatient treatment may remain eligible if they become gainfully employed while participating in treatment until successful completion of the treatment program.

CHAPTER D ADATSA PROCESS

Application Process

- ADATSA applicants must initiate an application for assistance through the Community Service Office (CSO). This includes referrals from sources such as detox, the court system, treatment facilities, etc.
- The CSO determines financial eligibility before a referral is made to the ADATSA Assessing Agency.
- An ADATSA application is approved or denied within 45 days of the date of application. ([WAC 388-406-0035\(2\)\(6\)](#))
- Receipt of ADATSA cash benefits is contingent upon participation in treatment. ([WAC 388-800-0090](#))

Assessment

- The purpose of the ADATSA assessment is twofold. The first purpose is to provide a diagnostic evaluation of chemical dependency according to ASAM PPC placement criteria. The second purpose is to determine eligibility, which is based on how the chemical dependency affects employability. This includes:
 - A diagnosis of whether the individual is chemically dependent;
 - A determination of eligibility for ADATSA treatment services according to [WAC 388-800-0060](#);
 - Development of an initial treatment plan for individuals found ADATSA eligible. ([WAC 388-800-0070](#)); and,
 - Identify other treatment or referral possibilities based on clinical findings for those not eligible for ADATSA treatment services.
- Initial Placement
 - If the client is approved for ADATSA treatment, the Assessing Agency arranges an appropriate placement.
 - Upon completing the assessment, if residential placement is recommended, the Assessing Agency shall:
 - ◆ Attempt to secure a residential bed to meet the patient's preference and assessed need.

- ◆ If the patient's preferred provider is not available within a reasonable waiting period, the Assessing Agency shall secure an appropriate placement nearest to the local area.
- If ADATSA treatment is not readily available, the Assessing Agency puts the client on a waiting list according to the following priorities for treatment and advises the client how to maintain their name on this waiting list:
 - Pregnant women
 - Parents in a household with children
 - Intravenous Drug Users (IDUs)
 - Child Protective Services (CPS) Referrals
 - Other ([WAC 388-800-0100](#))
- Assessment Summary
 - The Assessing Agency notifies the CSO of the outcome of the assessment, using the

DSHS 14-311, *Assessment Agency Summary for ADATSA* form
 - The "Summary" includes diagnostic information, ADATSA treatment plan or other treatment recommendations, as well as other information to assist the CSO in determining ADATSA or GAU eligibility.

When an individual is reassessed, the Assessing Agency uses a new Summary form or updates the previous form to notify the CSO of the new assessment information. The Assessing Agency completes the DSHS 14-310, *ADATSA and TANF Client Status Change Report* with the treatment plan for ADATSA eligible individuals and forwards this form to the CSO with the DSHS 14-311.

- The ADATSA Assessing Agency refers the applicant back to the CSO as not categorically eligible if the individual is determined **not chemically dependent**
- The Assessing Agency alerts the CSO to an applicant who may have **physical and/or mental problems** that may not have already been identified.

Case Monitoring and Tracking

- In compliance with case monitoring and tracking, the ADATSA Assessing agency:
 - Verifies with the CSO that there is an active ADATSA or other case before opening the ADATSA assessment and referring for treatment;

- Monitors the ADATSA case activity concerning treatment admissions, no shows, discharges, and changes;
- Maintains accurate and timely communication with the CSO pertaining to treatment admissions, no shows, discharges, and changes using the DSHS 14-310, *ADATSA and TANF Client Status Change Report*;
- Maintains clear and accurate case records; and,
- Enters all TARGET data as necessary.
- The current treatment provider:
 - Maintains accurate and timely communication with the ADATSA Assessing Agency in regards to treatment admissions, no shows, discharges, referrals for continuum of care, and any other changes;
 - Maintains clear, timely, and accurate case records, including TARGET reporting;
 - Notifies the ADATSA Assessing Agency whenever an ADATSA client leaves treatment against agency recommendation, is discharged, or is referred to another agency for the client's continuum of care using the DSHS 14-310, *ADATSA and TANF Client Status Change Report*; and,
 - Ensures successful discharge planning, including referring the individual to the next level of necessary care.

Changes of Circumstances for ADATSA Clients:

- Whenever an ADATSA client aborts out of treatment or is discharged for any reason, including referral to another agency for the client's continuum of care, the treating agency immediately notifies the Assessing Agency using the DSHS 14-310, *ADATSA and TANF Client Status Change Report*.
- For an individual that aborts or is disciplinarily discharged from ADATSA outpatient treatment, the agency also notifies the CSO, who then issues a ten-day notice informing the individual that his/her living stipend benefits will be terminated ten days from the date of the notice.
- If a fair hearing is requested, continued assistance is not issued pending the hearing.

Confidentiality

- All providers that are certified by the State of Washington Division of Alcohol and Substance Abuse to provide ADATSA client assessments and patient placement

services are required to ensure each client has signed a properly completed and valid consent for the release of confidential information before disclosing any protected information to an outside party. Because of the need to communicate with DSHS Community Service Offices, the assessing CDP should ensure the client has signed a Release of Information (ROI) for the CSO.

- The CSO may send a DSHS 14-314, *Release of Confidential Information for Assessment Center and ADATSA/Adult Treatment Providers*, or a DSHS 17-063, *Consent to Exchange Confidential Information for Services Coordination*, to the Assessment Agency with the ACES letter. **DSHS form 17-063 does not meet federal confidentiality requirements and should not be relied upon as client authorization for the release of confidential information.**
- Assessing Agency staff should ensure that all clients sign appropriate ROIs that meet federal confidentiality requirements when communicating with CSO personnel and other agencies regarding client information.

Duties of Assessment Agency Staff

- Conduct a diagnostic assessment for chemical dependency, including evaluation of unemployability based on alcoholism/drug addiction. ([WAC 388-800-0065](#))
- Determines "active addiction" for both ADATSA treatment services and the ADATSA shelter programs according to [RCW 74.50.035](#).
- Make initial ADATSA treatment placement according to ASAM PPC placement criteria. ([WAC 388-800-0055](#))
- Communicates with the CSO in a timely manner regarding changes in treatment plan. The **Assessing Agency coordinates reporting of changes** like no shows and discharges from treatment services and any other changes that affect eligibility for ADATSA program.
- Make sure that clients sign a Release of Information (ROI) form that meets federal confidentiality requirements to be able to communicate with CSO staff.
- Completes the DSHS 04-433 forms for ADATSA clients.

Exceptions to Rule (ETR)

- Exceptions to Rule (ETR) requests relate to the Washington Administrative Code ([WAC 388-800](#)).
- ETR requests are limited to the ADATSA Assessing Agency and then forwarded to the CSO to submit for a decision.
- Use the *ADATSA Exception to Policy Request* form, DSHS14-412, to ensure documentation includes:

- The client's name and case number;
- Specific WAC to which the exception is requested;
- Specific nature of the request;
- Justification for the request (explain why this case is exceptional);
- Alternatives explored;
- Consequences if the exception is denied; and,
- Have there been any previous exception requests for this client?
- The common type of ADATSA ETR request is a request for a waiver of the incapacity requirements for an applicant found chemically dependent who does not qualify for ADATSA. ([WAC 388-800-0055](#))
- The CSO processes the request by completing a DSHS 5-10, "*Policy Exception Request*," and routes it to the DSHS ETP Coordinator.
- Upon receipt of the exception to policy decision from state office, the CSO notifies both the Assessing Agency and client.

Fair Hearings/grievances for ADATSA Clients

- ADATSA clients have the right to request a fair hearing to challenge any action, which affects eligibility for ADATSA treatment or shelter services.
- An ADATSA client terminating treatment shall not be eligible for benefits beyond the month in which treatment services end. ([WAC 388-800-0090\(5\)](#))
- The CSO shall continue benefits for an ADATSA shelter client requesting a fair hearing. ([WAC 388-800-0130\(2\)](#))
- Clients having disagreements with their treatment provider, including living stipend issues for an ADATSA outpatient client, have the right to utilize the agency grievance process.

Residential Services Vendor Payment (RSVP) Responsibility

- Vendor payments to pay for ADATSA residential treatment are authorized through using the Residential Services Vendor Payment (RSVP) system.
- The ADATSA Assessing Agency must enter the assessment data into TARGET to document the ADATSA eligibility of the client.

- RSVP generates invoices for the residential treatment provider based on data entered into TARGET.
- In order to receive payment for services, each residential treatment provider must have TARGET data for previous month entered into TARGET no later than the tenth of the month.

TARGET

- TARGET is the management information system used by the Division of Alcohol and Substance Abuse.
- All publicly funded chemical dependency treatment agencies are responsible for timely (no later than the tenth calendar day of each month for the previous month's data), input into TARGET of admissions, services, demographics, and discharge data.
- Assessing Agency should enter all ADATSA assessments data within three (3) working days of the date of the assessment.
- Admission and discharge data are to be entered within five (5) days of the event.

Transfers of ADATSA Treatment Case Records

- **CSOs DO NOT TRANSFER ADATSA treatment client case record.**
- The originating office's face-to-face interview requirement for the client may be waived when necessary.
- The originating CSO may certify and maintain food stamps as well.

[NOTE: The only exception to this rule is for client transfers from the Mt. Vernon or North Spokane CSO for individuals who have been at Pioneer Center North or Pioneer Center East respectively.]

CHAPTER E ADATSA BENEFITS

Benefits for ADATSA Clients ([WAC 388-800-0045](#))

- ADATSA *treatment* benefits consist of:
 - State-funded medical, and;
 - A living allowance (stipend) while in outpatient treatment.
- An ADATSA *shelter* client receives state-funded medical assistance and a living stipend through a protective payee (PP).

Living Allowance (Stipend), ADATSA Treatment ([WAC 388-800-0110](#) and [388-800-0115](#))

- The ADATSA Program may provide a living allowance (stipend) for housing and other living expenses for clients in the ADATSA Program who are receiving outpatient treatment services.
- The outpatient provider acts as the protective payee for the client.
- Each county administers the living allowance directly to the individual's protective payee.
- The agency providing the ADATSA outpatient service is responsible for providing the living allowance to the outpatient client, regardless of county or tribe of origin.
- The living allowance is not considered an entitlement and there is not a specific amount that a client may receive each month. As a guideline, the maximum a client can receive in any month is \$339.
- There are no living allowances provided while in residential treatment for ADATSA program clients.

Medical Assistance ([WAC 388-556-0500](#))

State-funded medical assistance is available to an eligible ADATSA client who is:

- a. On a waiting list for ADATSA treatment services.
- b. Eligible for shelter assistance, but declines to receive shelter services.
- c. Choosing opiate substitution (methadone maintenance) chemical dependency treatment services instead of ADATSA treatment, as long

as the client remains in a state-approved opiate substitution /methadone maintenance program.

- d. Participating in ADATSA outpatient treatment.
- e. Participating in residential treatment.

Physical Exams

- DASA pays for physical exams and limited lab work at the time the client initially enters treatment when the client meets the criteria established in ([WAC 388-805](#))
- Payment is limited to **ONLY** the following situations:
 - A client showing current intravenous drug use; and/or,
 - A client showing current dependence of barbiturates or benzodiazepines.
- This service should only be authorized once per client episode (meaning all connected consecutive treatment admissions).
- Payment is made for actual exam and lab costs, not to exceed stated amounts.
- The treatment agency authorizes appropriate physical exams and lab work and authorizes payment.
- The treatment agency arranges for the medical evaluations and then pays the vendor.
- The treatment agency sends an A-19 billing form, with the Referral and Payment Form and medical documentation from the medical provider, to DASA.

Protective Payees (ADATSA Outpatient)

- The outpatient provider is the protective payee for ADATSA outpatient clients.
- The outpatient provider, as the protective payee has the authority and responsibility to make decisions about the expenditure of outpatient treatment living stipend funds.
- Disbursement of funds shall be made first to assure the basic needs of shelter, utilities, food and clothing.
- The protective payee may apportion remaining funds to the recipient at regular intervals throughout the month

- The protective payee for a recipient in outpatient treatment shall encourage the recipient to participate in the decision-making process as a means of developing good money management, budgeting, and decision-making skills.
- In the event the recipient and/or protective payee relationship is terminated for any reason, the protective payee shall return any remaining funds to the county or Tribe after paying the individuals current month's living expenses:
 - First disburse a payment for shelter and utilities, such as a check directly to the landlord, mortgage company, utility company, etc.
 - Pay all vendors directly for goods or services provided to or for the recipient, including personal and incidental expenses.
 - Make exceptions only where unusual circumstances prevent direct payment and the recipient is unlikely to divert the money to purchasing alcohol or drugs.

Shelter Program

- The ADATSA shelter program is a CSO administered program.
- Shelter clients are "entitled" to receive shelter services as long as they remain financially and categorically eligible and comply with basic reporting requirements.
- The Incapacity Specialist determines eligibility and notifies financial at the time ADATSA Shelter is approved. ([WAC 388-800-0135.](#))
- Shelter cases are reviewed for financial eligibility at least every six months.

CHAPTER F

OTHER RESOURCES AND ADATSA

Access to Recovery (ATR)

- The Washington State Division of Alcohol and Substance Abuse (DASA) Access to Recovery (ATR) Program provides social service intervention to persons in crisis because of drug or alcohol misuse. ATR also provides formal drug and alcohol treatment and recovery services to individuals and their families. ATR services are available in Clark, King, Pierce, Snohomish, Spokane, and Yakima Counties. Through this voucher driven program, the state will serve low-income individuals in crisis who are involved with Child Protective Services, shelters and supported housing, free and low-income medical clinics, and community detoxification programs. Individuals and their families will be offered a choice of treatment and recovery providers and will work with recovery specialists to develop personal recovery plans that identify services needed to achieve sustained abstinence. For more information contact the 24-Hour Helpline at 1 (866) 802-1815 or visit the web site at <http://accesstorecovery.adhl.org>

Basic Health Plan (<http://www.basichealth.hca.wa.gov>)

- The Basic Health Plan is a state-funded health plan for low-income individuals.
- The Basic Health Plan includes a benefit for chemical dependency treatment services.
- Individuals on this Plan are not eligible for ADATSA chemical dependency treatment services. The only exception is if an individual has exhausted the chemical dependency treatment benefit under the Basic Health Plan.

Childcare

- The provision of childcare services allows parents to access and participate in treatment.
- During an ADATSA assessment the Assessing Agency asks each parent about any childcare needs.
- When necessary, the parent is helped by the Assessing Agency staff in making childcare decisions and accessing childcare services.
- The following kinds of childcare may be available:
 - Part-time care while parent is in outpatient treatment. Care is available at selected outpatient treatment sites, in licensed community homes and centers, in the child's home or a relative's home.

- 24-hour care while parent is in residential treatment. Care is available in licensed foster homes available through Crisis Nurseries in Seattle and Yakima.
- Therapeutic childcare when child accompanies parent for residential treatment. Care is available at selected residential pregnant and parenting women's treatment sites.

Co-Occurring Disorders (COD)

Definition: An individual demonstrating psychological problem, as well as being currently addicted to alcohol or other drugs.

The Assessing Agency:

- Places ADATSA eligible individuals, who are screened as having both mental and chemical dependency impairment, into available COD treatment.
- May refer the individual to an intensive inpatient contracted provider that is able to work with such a client.
- Explore other medical resources for clients who are currently too ill to participate in treatment.

Criminal Justice Treatment Services

DASA receives several special appropriations to provide chemically dependency treatment services to offenders. These are:

State Funds:

- Criminal Justice Treatment Account (CJTA) Funds
- State Drug Court funds

These funds can only be used to purchase chemical dependency treatment, child care, and transportation to and from treatment services. Items such as housing and medical care cannot be purchased with any of these criminal justice revenues.

Many of the clients entering residential treatment funded by the CJTA funds may qualify under ADATSA for medical coupons only while in residential treatment. In this manner the chemical dependency treatment can be purchased with the criminal justice revenues while ADATSA is used to provide medical care. When the client enters CJTA-funded outpatient treatment services, he/she is no longer eligible for ADATSA medical.

Detoxification Services

- Most counties receive direct DASA detox block grants to provide detox services in their counties.
- The following counties do not have direct detoxification (Detox) contracts with DASA. In these counties, the detox services are provided in local hospitals and are paid through Medicaid. The CSOs in these counties will be involved in determining financial eligibility for the detox program for individuals who are not on a public assistance program and who have been admitted to the hospitals for these services. The Detox program provides payment for detox services in the following Counties:

Columbia
Cowlitz
Ferry
Garfield
Klickitat
Lincoln

Okanogan
Pend Oreille
Skamania
Stevens
Wahkiakum
Whitman

- For the above counties, the CSO authorizes three-day detoxification services for acute alcoholic condition or five-day detoxification services for acute drug addiction for eligible persons.

Drug Courts

- Drug Courts may refer clients to an ADATSA program when they are financially eligible and when it may be clinically beneficial.
- In order to participate in ADATSA services, Drug Court clients must be determined ADATSA eligible.
- Only ADATSA contract agencies can deliver the ADATSA outpatient treatment services for Drug Court clients participating in ADATSA.

First Steps

- "First Steps" is an umbrella term for a variety of services for pregnant and post-partum women in an effort to improve access to prenatal care at the earliest possible point.
- First Steps provides enhanced access to Title XIX medical coverage for pregnant women (there are no resource limitations and income limits are set at 185 percent of the federal poverty level).
- It is important that pregnant clients be encouraged to enter treatment as soon as possible.
- The CSO plays an important role in identifying potential candidates for referral.
- The Assessing Agency has an equally important role in placing these chemically dependent pregnant women.

Interpreter Services

- It is DSHS policy to provide equal and expedient services to all individuals regardless of language or sensory limitations. The CSO informs the Assessing Agency that the client needs interpreter services.
- DASA pays for interpreter services for patients participating in DASA-funded treatment services provided on-site at a DASA certified treatment facility. DASA also pays for interpreter services for participants who attend DASA-funded or sponsored events, such as major statewide conferences and public meetings. The treatment provider must complete and fax a DASA Interpreter Service Request/Approval form to the DASA Interpreter Services Coordinator and receive approval before services take place. For more information, contact Keri Patzer at (360) 725-3757 or patzeker@dsht.wa.gov.
- When approval is received, the assessing agency contacts the appropriate interpreter broker in their region to set up the appointment for the services.

Methadone Maintenance (Opiate Substitution) Outpatient Treatment

- ADATSA eligible clients wanting to access (or remain on) an opiate substitution treatment program (methadone) shall qualify only for state-funded medical under ADATSA (if otherwise eligible), unless they meet the current qualifications for shelter services as determined by the incapacity specialist.
- Those who wish to detoxify from the opiate substitution services will be offered drug treatment by the Assessing Agency.

- An ADATSA medical-only client who continues to participate in opiate substitution services is to be reviewed every six months by the CSO and the treatment agency providing the opiate substitution services. The agency must verify the client is currently participating in opiate substitution treatment services in order for the client to continue eligibility for ADATSA.
- Opiate substitution treatment services consist of dosage and outpatient treatment services.
- According to state law, opiate substitution outpatient treatment services is an optional, not a mandated service.
- DASA contracts with counties and tribes who may opt to provide these services per the law.
- Payment for these services for SSI, Temporary Assistance for Needy Families (TANF), and any other Medicaid clients is made through the Health and Recovery Services Administration (HRSA) Medical payment system (MMIS).
- Payment for these services for medical care services (state-funded only) clients, i.e., GAU and ADATSA is through the county contract, not the medical assistance payment system.
- Providers of opiate substitution treatment services have capacity limitations, which often results in separate waiting lists for these two different client categories.
- Providers often request clients to show their medical identification (ID) cards in order to distinguish between the two client categories.

Outpatient Treatment Services for Non-ADATSA Individuals

- If a GA-U, TANF, SSI, GA-X, Medicaid-eligible adult or youth, or a State Children's Health Program (SCHIP) youth wants to access outpatient treatment services, he/she may go directly to any of the treatment agencies identified by the county as a provider of adult or youth outpatient treatment services.
- For the Medicaid-eligible adult or youth, and SCHIP youth, the assessment and treatment services are paid as a Medicaid/medical services using the Medical Identification Card. Services are paid through the Medical Assistance payment system.
- For the GA-U eligible adult, the assessment and treatment services are paid by the county and paid through the county-funding process.
- Information on agencies who are contracted to provide outpatient chemical dependency treatment services can be received through the DASA Regional Administrator or by calling the Alcohol/Drug Helpline at 1-800-562-1240.

Pioneer Center North (PCN) and Pioneer Center East (PCE)

- Pioneer Center North (PCN) and Pioneer Center East (PCE) are private, nonprofit chemical dependency treatment facilities, under contract with the Division of Alcohol and Substance Abuse, located in Sedro Woolley and Spokane, Washington.
- PCN/PCE provides treatment for involuntarily committed (ITA) individuals.
- Residents at PCN/PCE may receive ADATSA medical assistance plus CPI* if the CSO determines them to be financially eligible.
- The resident CSO takes responsibility for opening CPI* and medical for an individual already receiving food stamp assistance.
- A resident of PCN/PCE, not currently receiving assistance, and who wishes to receive CPI* and medical assistance, must apply for ADATSA at the Mt. Vernon or Spokane CSO.
- If financially eligible, the Mt. Vernon or Spokane offices waive the ADATSA requirement for an assessment, and place the individual temporarily on the ADATSA treatment program.
- If the Mt. Vernon or Spokane CSO have the open financial record, upon completion of the client's stay at PCN/PCE, the Mt. Vernon or North Spokane CSO will transfer the record to the CSO of the client's residence, even if the client continues in treatment.

[**NOTE:** This is the only exception to the NO TRANSFER of ADATSA clients rule.]

Pregnant and Post-Partum/Parenting Program

- Definitions
 - A program of care designed for pregnant, post-partum, and parenting women.
 - Financial eligibility is defined as 185 percent of the federal poverty level (FPL) regardless of Medicaid eligibility.
 - Post-partum is defined as up to one-year post delivery, regardless of outcome, or termination of pregnancy.
 - Parenting is defined as a woman with children 17 years of age or younger who are in her physical custody. Youth through the age of 20 if enrolled in school are considered dependents. Parenting also includes those

attempting to regain custody of their children who are in Department of Social and Health Services (DSHS) custody.

- Assessing Agency Responsibilities:
 - Pregnant women shall be assessed within 48 hours of referral and placed into treatment no later than 7 days post assessment.
 - Post-partum and parenting women shall receive a “Priority Client Assessment” and referral to an appropriate level of care.
 - Assessment shall use the patient placement criteria as developed by the American Society of Addiction Medicine (ASAM).
 - Assessment services may be accessed prior to placement or within 72 hours of acceptance into a treatment program. Pre-placement assessment is preferable; however, the ability to access treatment on demand is the highest consideration. In the event a placement occurring prior to assessment is considered inappropriate, the Assessment Entity shall consult the client, the treatment program, and the DASA Regional Treatment Manager for pregnant, post-partum, parenting women's program for resolution.
 - Referral of pregnant women to First Steps Maternity Case Management. (See *First Steps* section)
 - Referral to the CSO for financial and medical eligibility determination.
 - Treatment monitoring and continuing care planning in conjunction with the treatment provider for residential and outpatient services.
 - Reporting on TARGET.
- Special Populations
 - Pregnant women using heroin, methadone, or other opiates shall be referred to an approved opiate substitution treatment facility or an intensive hospital based program.
 - Adolescent assessments are specialized and as such, shall be referred to experienced youth treatment providers. Outpatient providers treat ages 10 through 21. Inpatient providers treat ages 13 through 17. Developmental age may need to be considered in addition to chronological age.

First Steps Maternity Case Management Services include referral to substance abuse treatment, prenatal and post-partum medical care, maternity support services, safe housing, food, transportation, child care, dental, and family planning. This is a Medicaid

service, which provides uninterrupted insurance coverage through 60 days after delivery when income is at or below 185 percent of the Federal Poverty Level.

Publicly Funded Chemical Dependency Treatment Services

- The Division of Alcohol and Substance Abuse (DASA) serves indigent and low-income clients by contracting:
 - With the counties and Tribes to provide assessment and outpatient chemical dependency treatment services; and,
 - Directly with certified treatment agencies to provide residential treatment services to adults, Pregnant and Parenting Women (PPW) and youth.
- Public funding for chemical dependency treatment services can only be provided through a contract with a DASA certified treatment facility.
- In some of the smaller counties and most Tribes, the county or tribal agency itself is the provider of outpatient treatment services. In other counties, the county agency contracts with state-certified treatment agencies within the county to provide the services.
- Every county has a designated “Alcohol and Drug Coordinator” who works with DASA and coordinates all services related to outpatient chemical dependency treatment, prevention activities, Criminal Justice Treatment Act and Assessment Entity.
- Outpatient treatment services to public assistance clients are provided free of charge to the client.
- Outpatient treatment services to low-income clients are provided on a sliding fee schedule according to the county they reside in.

Residential Treatment Services for Non-ADATSA Adults

- If a GA-U, TANF, SSI, GA-X, or Medicaid-eligible adult wants to access residential treatment services, he/she may go directly to any of the treatment agencies identified by the county as a provider of adult outpatient treatment services.
- The outpatient treatment agency will conduct the assessment, determine the level of care needed by the person, and assist the person in accessing residential care if needed.
- Treatment services are provided through the DASA contract with the residential treatment agency.
- Information on agencies who are contracted to provide outpatient chemical

dependency treatment services can be received through the DASA Regional Administrator or by calling the Alcohol/Drug Helpline at 1-800-562-1240.

Transportation

- The Assessing Agency arranges with the county or tribe a means for providing transportation for ADATSA eligible individuals to and from a residential facility when a county line is crossed.
- The local transportation broker will accept medical coupons for pregnant women transporting to or from hospital based chemical dependency treatment.

Veteran's Administration (VA) Treatment

- Clients who are in a VA facility for residential treatment are ineligible for ADATSA services because all their needs are met by the (federal) facility.
- At times, however, VA will place veterans in a non-VA facility, which VA pays by contract for treatment services.
- Those veterans placed in non-VA facilities may apply for ADATSA services to obtain medical coupons.
- The incapacity specialist refers the individual to the Assessment Entity with a clear explanation of the above circumstances.
- With approval from the Assessing Agency, the individual may be opened as an ADATSA treatment client with medical coverage while in the facility.
- Do not continue such clients into outpatient treatment unless actually placed into an ADATSA-funded outpatient treatment program. (VA "aftercare" does not qualify an individual for continued ADATSA support.)

WorkFirst/TANF (Temporary Assistance for Needy Families)

- WorkFirst/TANF is Washington's public assistance program providing cash benefits and services for low-income families with children.
- Whenever CSO staff perceives there is a potential chemical dependency issue with a TANF household member, they can refer the individual either directly to a DASA-contracted outpatient treatment agency or to the out-stationed TANF chemical dependency counselor.
- Every mandatory WorkFirst participant is required to have an Individual Responsibility Plan (IRP), which outlines the steps necessary to move the client from welfare to employment.

- A WorkFirst Case Manager includes chemical dependency treatment as a requirement of the IRP when:
 - A client is assessed by a designated Assessing Agency as chemically dependent and unable to work due to the untreated chemical dependency;
 - A client is participating in treatment when the IRP is being developed, and treatment may interfere with full participation in job search; and/or,
 - A client would benefit from treatment and treatment is determined to be integral to the success of the client becoming self-sufficient.

If a TANF client accesses treatment directly, the client will need to discuss their participation in treatment directly with their WorkFirst Case Manager to find out how treatment will affect the work requirement.

Youth Residential Treatment

Please read:

- ["Chemical Dependency Treatment Options for Minors Under Age 18" A Guide to Parents.](#) DSHS/DASA November, 2004.
- ["Referral and Resource Guide for Adolescent Chemical Dependency Treatment".](#) DSHS/DASA November, 2004.

CHAPTER G TARGET AND FORMS INFORMATION

Forms Availability (ADATSA and/or TARGET)

DSHS has moved away from the maintenance of a forms warehouse. In order to access ADATSA/Adult and Treatment and Assessment Report Generation Tool (TARGET) forms go to the website:

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

Forms

FORM NUMBER	TITLE	USE	PURPOSE
<u>DSHS 14-299</u> (In ACES = 065-02)	ADULT/ADATSA Assessment Referral Form	Referral from CSO to Assessment Agency	To client. Copies to Assessing Agency AND CSO records.
<u>DSHS 14-310</u>	ADATSA and TANF Client Status Change Report	Used by Assessment Entity to notify CSO of treatment plans.	To CSO.
<u>DSHS 14-311</u>	Assessment Center Summary for ADATSA	Used to report the results of the assessment and diagnostic evaluation for all but TANF referrals.	To CSO Incapacity Specialist.
<u>DSHS 14-311A</u>	Assessment Center Summary for TANF	Used to report the results of the assessment and diagnostic evaluation for TANF referrals.	To CSO Incapacity Specialist or WorkFirst case manager.
DSHS 14-312	Discontinued		
<u>DSHS 14-313</u>	ADATSA Client Notice and Agreement	Used by Assessing Agency in client interview to explain treatment rights and responsibilities.	To client, copy filed in Assessing Agency record. Available to CSO upon request.

FORM NUMBER	TITLE	USE	PURPOSE
<u>DSHS 14-314</u>	ADATSA/ADULT Release of Confidential Information	Used by CSO, Assessing Agency, and treatment providers to authorize an exchange of information with agencies or individuals.	Original to client, copies to referral entity (i.e., Assessing Agency, treatment agency, CSO)
<u>DSHS 17-063</u>	Authorization	Used by CSO, Assessing Agency, and treatment providers to authorize an exchange of information with agencies or individuals.	Original to client, copies to referral entity (i.e., Assessment Agency, treatment agency, CSO)
<u>DSHS 04-416</u> (Pages 1-6 only)	DASA TARGET Data Elements	By Assessing Agency to establish a client record in TARGET for each assessment.	To data input operator.
<u>DSHS 04-416A</u>	DASA TARGET Discharge/ADATS A Closure	By Assessing Agency for closure.	To data input operator.
DSHS 04-421	Discontinued	Replaced by DSHS 04-433 series, see below.	
<u>DSHS 04-433</u> <u>DSHS 04-433A</u> <u>DSHS 04-433B</u>	ADULT/ADATSA Assessment	ASAM clinical evaluation on client's chemical dependency.	Original to Assessing Agency's client record. These are required to be completed for all ADATSA clients and filed in the client record.

CHAPTER H

ADATSA OUTPATIENT TREATMENT SERVICES TRANSFER POLICY AND PROCEDURES

POLICY - Patients participating in ADATSA Outpatient Treatment Services will be able to transfer between ADATSA outpatient treatment providers with the same flexibility that they have experienced in the past. As is regular practice, patients with a particular preference or need will be encouraged to carefully select an ADATSA outpatient treatment provider initially who can meet the patient's specific requirements.

If a patient's circumstances change during the course of ADATSA outpatient treatment, the patient should be directed to the referring ADATSA Assessment Agency for assistance in transferring. Patients desiring to transfer may select another ADATSA outpatient treatment provider within the same county if there is more than one ADATSA outpatient treatment provider in that. In no circumstance is a transfer ADATSA patient eligible for more than \$339 living stipend per month regardless of the number of ADATSA outpatient treatment providers a patient receives services from during any particular month.

PROCEDURES TO TRANSFER A PATIENT TO ANOTHER OUTPATIENT PROVIDER

1. It is the patient's responsibility to inform their current ADATSA outpatient counselor of their desire to transfer to another outpatient provider.
2. Upon learning that a patient wants to transfer, the ADATSA outpatient counselor will instruct the patient to contact the referring ADATSA Assessment Agency.
3. If the request seems reasonable and appropriate, the referring ADATSA Assessment Agency will notify the CSO of the patient's desire to transfer.
4. Upon confirmation from the referring ADATSA Assessment Agency that a transfer is feasible, the ADATSA outpatient counselor will obtain a release of information from the patient allowing transfer of patient file information, including copy of patient's fiscal records, to the ADATSA outpatient treatment provider the patient is transferring to. Documents will be mailed directly to the ADATSA outpatient treatment provider.

PROCEDURES TO ADMIT A PATIENT WHO TRANSFERRED FROM ANOTHER OUTPATIENT PROVIDER –

1. Upon receipt of proof of eligibility from the referring ADATSA Assessment Agency, the ADATSA outpatient treatment provider shall admit the patient into their ADATSA outpatient treatment program.
2. If the ADATSA outpatient treatment provider has not received patient file information, including amount of stipend funds that has been given to the patient, from the original ADATSA outpatient treatment provider, necessary release of information forms shall be completed with the patient and forwarded to the original outpatient provider.

CHAPTER I APPENDICES

APPENDIX A:

ADATSA Forms

Number	Title
14-299	ADATSA/Adult Assessment Referral
14-314	Release of Confidential Information for Assessment Center and ADATSA Treatment
17-063	Authorization
04-416	DASA Target Data Elements
04-433	ADATSA/Adult Assessment
04-433A	Adult/ADATSA Assessment (Page 9): Treatment Recommendations
04-433B	Adult/ADATSA Assessment (Page 10): ADATSA Treatment Eligibility
14-313	Client Notice of ADATSA Agreement
14-311	Assessment Center Summary for ADATSA
14-311A	Assessment Center Summary for TANF
14-310	Client Status Change Report
04-416A	DASA Target Data Element - Discharge/ADATSA Closure
14-412	ADATSA Request for Exception to Policy

To access all of the ADATSA forms electronically, you can log onto:
<http://asd.dshs.wa.gov/FormsMan/FormPicker.aspx> **to search for and download the document you want.**

APPENDIX B:

COMMON TERMS AND ACCRONYMS LIST CHEMICAL DEPENDENCY COMMON TERMS AND ACRONYMS

TERMS	DEFINITIONS
42 CFR Part 2	Federal Confidentiality law governing Alcohol and Drug Abuse Patient Records which all program must abide. No information can be exchanged without a written consent by the patient/client.
Addiction	The state of being alcohol or drug dependent
Addictionologist	A medical physician with the specialty of addictions medicine
Alcohol or drug abuse	A person who does not meet diagnostic criteria for dependence but has a maladaptive pattern of alcohol or drug use leading to clinically significant impairment or distress characterized by one of the following; failure to fulfill major role obligation, putting self or other in physically hazardous situation, recurrent legal problems, and continued use despite negative consequences.
Alcohol or drug dependence	A disease, characterized by a dependency on beverages containing alcohol or psychoactive chemicals, loss of control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning having occurred during any 12 month period in the person's life.
Alcoholic	A person with alcohol dependence
Basic Text	The text published and used by Narcotics Anonymous
Big Book	The text published and used by Alcoholics Anonymous
Biopsychosocial assessment	An alcohol/drug assessment designed to assess biological; psychological and social aspects of the individual along with a thorough alcohol and drug history. Concluded with diagnosis and recommendations for type and duration of treatment
Chemical Dependency	A person with alcohol dependency, drug dependency, or both
Clean and sober	A person who has been diagnosed as chemically dependent and has discontinued use of alcohol and drugs
Clients	An individual who receives treatment for alcohol or

	other drug problems. The terms “client” and “patient” sometimes are used interchangeably, although staff in medical settings more commonly use “patient”, while staff of non-medical residential or outpatient setting more commonly refer to “clients”
Co-Occurring Disorder	Concurrent alcohol/drug related and mental health disorders. Other terms used to describe co-occurring disorders include “dual diagnosis,” “dual disorders,” “mentally ill chemically addicted” (MICA), “chemically dependent mentally ill,” (CDMI), “mentally ill chemically dependent,” (MICD), “coexisting disorders,” “co morbid disorders,” and “individuals with co-occurring psychiatric and substance symptomology” (ICOPSS). Use of the term carries no implication as to which disorder is primary and which secondary, which disorder occurred first, or whether one disorder caused the other
Continuum of care	A course of prescribed treatment, moving from one type (level) of care to another, e.g. detox to residential or intensive outpatient to outpatient
Detox or detoxification	Care, treatment and stabilization of a person while the person regains homeostasis from the transitory effects of acute intoxication or withdrawal from alcohol or drugs while addressing all concomitant biomedical, emotional, behavioral, and cognitive condition. This can be provided on an outpatient basis or up to medical hospitalization depending on the duration, severity of the dependency and presence of any acute medical complications.
Drug Addict	A person with drug dependence
Harm reduction	Policies and programs whose primary goal is to reduce the adverse health, social, legal and economic consequences of drug use without necessarily reducing or eliminating such use. e.g. needle exchange programs
High-risk factors	The same as triggers and cues plus any concurrent medical, psychological or cognitive condition that can interfere with progress in recovery
HIPAA	Health Insurance Portability and Accountability Act. Federal Law governing all health care providers (confidentiality)
Illicit drugs	Drugs (medications) that are illegally obtained
Length of stay	The number of days (for inpatient) or units/visits (for outpatient care) of service provided to a person, from admission to discharge, at a particular level of care

Level of care	As used in the ASAM-PPC this term refers to a discrete intensity of clinical and environmental support services bundled or linked together and available in a variety of settings
Licit drugs	Drugs (medications) that are legally prescribed and obtained
Participant	An individual who is receiving treatment services from a Drug Court program
Patient	An individual receiving alcohol/other drug treatment. The terms “client” and “patient” are sometimes used interchangeably, although staff in a non-medical settings more commonly refer to “clients”.
Program	A generalized term for an organized system of services designed to address the treatment needs of patients.
Psychoactive substance	Chemical that influences the mind or mental processes
Recovery	A person who has discontinued use of alcohol/drugs with the goal of achieving overall health and well-being
Relapse	A return to use of alcohol and/or drug once a person has committed to recovery or a return of behaviors that lead to the use of alcohol/drug use
Sobriety	A state of complete abstinence from all psychoactive chemical by an addicted person, in conjunction with a satisfactory quality of life
Substance	A chemical that occurs naturally or is chemically created
Treatment	The broad range of services and care. Treatment services include education and/or counseling as recommended by a biopsychosocial assessment prescribing a course of care which can include; chemical abuse education, alcohol/drug information school for non-dependent persons. For the chemically dependent, emergency detoxification, (medical or sub acute) residential inpatient, outpatient (individual and group counseling) psychiatric, psychological and social services, vocational and career counseling which may be extended to families of persons participating in a course of prescribed care.
Triggers and cues	People, places, things or situations that would increase a recovering persons likelihood of returning to the use of alcohol or drug

Withdrawal	The development of an alcohol/drug specific syndrome due to the cessation of (or reduction in) alcohol/drug use that has been heavy and prolonged, significant distress or impairment in social, occupational, or other important areas of functioning. And symptoms are not due to a general medical condition or mental disorder.
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ACRONYMS

TERMS	DEFINITIONS
AA	Alcoholics Anonymous
ADATSA	Alcohol and Drug Addiction Treatment and Support Act. Eligible persons must meet criteria through CSO and referred to an Assessment center that conducts an assessment and makes recommendations for course of care.
A/DIS	Alcohol and Other Drug Information School
ASAM	A set of patient placement criteria written by the American Society of Addictions Medicine (ASAM). Used to assist on moving a person on a continuum of care from assessment through treatment and to discharge in a prescribed and consistent fashion. This may also be identified as the PPC
CD	Chemical dependency
CDP	Chemical Dependency Professional (counselor)
CDPT	Chemical Dependency Professional Trainee (counselor completing internship hours)
COD	Co-occurring disorders
DAP	format in writing individual progress notes in persons file; d ata; a ssessment and p lan
DOC	Drug of choice. This can also be Department of Correction.
DP	Deferred prosecution
DSM	Diagnostic and Statistical Manual of Mental Disorders – most recent addition DMS-IV
DUI	Driving Under the Influence of alcohol or drugs. A legal classification
Dx	Diagnosis
EHM	Electric Home Monitoring
Hx	History
II	Intensive Inpatient
IOP	Intensive outpatient –prescribed treatment that can consist of a minimum of 72 hours in a maximum of 12 weeks. (following ASAM-PPC criteria)

LTC	Long term care
LTR	Long Term Residential (inpatient)
MH	Mental Health
NA	Narcotics Anonymous
OST	Opiate Substitution Treatment
OTP	Opiate Substitution Treatment Program (methadone)
PPW	Pregnant and parenting woman. These can be specific programs designed to address the specialized need of woman.
TX	Treatment
RCW	Revised Code of Washington
RH	Recovery House. A level of care that is less intensive than Intensive inpatient but more intensive than intensive outpatient. Residents reside at the recovery house and are monitored on a 24 hour basis.
ROI	Release of Information
Rx	Prescribed medications
SSI	Social Security Income
TANF	Temporary assistance to needy families (assistance program)
WAC	Washington Administrative Code
WFPS	WorkFirst Program Specialist
WFSW	WorkFirst Social Worker
WSS	Work Source Specialist

PROGRAM/DEPARTMENT OR SERVICE ACRONYMS

TERMS	DEFINITIONS
AAG	Assistant Attorney General
AAP	Association of Alcoholism and Addiction Programs
ACHS	Association of Counties Human services
ADA	American with Disabilities Act
ARPAC	Adult Residential Providers Advisory Committee
CSO	Community service office (DSHS)
CSD	Means Community Service Division
CTED	Department of Community Trade and Economic Development
DASA	Division of Alcohol and Substance Abuse
DOC	Department of Corrections. This can also mean drug of choice.
DOL	Department of Licensing
DEAP	Division of Employment and Assistance Programs

DSHS	Department of Social and Health Services
ESD	Employment Security Department
GA and GAU	General Assistance and General Assistance Unemployable
MAA	Medical Assistance Administration
MHD	Mental Health Division
OPPLR	Office of Planning, Policy, and Legislative Relations (within DASA)
P to E	Pregnancy to Employment (Workfirst Program)
RA	Regional Administrator (within DASA)
RTM	Regional Treatment Manager (within DASA)
SBTCC	State Board of Trade and Community Colleges
WE	Work Experience (CTED Program)
WF	Work First (program within DSHS)

APPENDIX C: Laws relevant to ADATSA

[RCW 74.50](#) Alcoholism and Drug Addiction Treatment and Support

[RCW 74.08A](#) Eligibility Generally—Standards of Assistance

[WAC 388-800](#) Chemical Dependency Assistance Programs

[WAC 388-400](#) Program Summary

[WAC 388-805](#) Certification Requirements for Chemical Dependency Service Providers

[WAC 388-478](#) Standards for Payment

APPENDIX D: RESOURCES

[Appendix G](#) in Green Book – ADATSA Assessment Centers

[Eligibility A-Z Manual](#)

[DASA Regional Administrators](#)

See [DASA Phone List](#) for Regional Treatment Manager Contact Information

ADATSA CSD Coordinators/Assessment Agencies List (see next page)

ADATSA County Coordinators/Assessment Agencies

REGION 1

Ann Nelson
Social Services Regional Coordinator
8517 E. Trent, Suite 103
Spokane Valley, WA 99212
Phone: (509) 227-2853
Fax: (509) 227-2822
Email: NelsoAB@dshs.wa.gov

Sonja Dearmore
Regional Financial Coordinator
8517 E. Trent
Spokane, WA 99212
Phone: (509) 227-2726
Fax: (509) 456-3093
Email: dearmsm@dshs.wa.gov

REGION 2

Teresa Herrera
Financial Coordinator
PO Box 9428
Mailstop B39-6
Yakima, WA 98909
Phone: (509) 225-6234
Fax: (509) 575-2904
Email: HerreTA@dshs.wa.gov

REGION 3

Sue Chance
Social Services Supervisor
16710 Smokey Point Blvd, Suite 400
Arlington, WA 98223
Phone: (360) 658-6878
Fax: (360) 651-6117
Email: ChancSA@dshs.wa.gov

REGION 4

William D'haem
Regional Trainer
400 Mercer, Suite 600
Seattle, WA 98109
Phone: (206) 272-2155
Fax: (206) 298-4443
Email: DhaemWJ@dshs.wa.gov

REGION 5

Scott Schutte
Financial Coordinator
2121 State St
Tacoma, WA 98405
Phone: (253) 476-7036
Fax: (253) 840-4715
Email: SCHUTSG@dshs.wa.gov

REGION 6

Larry Green
PO Box 45450
Olympia, WA 98504
Phone: (360) 725-4806
Fax: (360) 407-1005
Email: greenLP@dshs.wa.gov

ADATSA LIVING STIPEND MANAGEMENT

I. Historical Perspective

When ADATSA was created in 1987, its main goal was to provide treatment and rehabilitation services for indigent chemically dependent adults whose chemical dependency prevents them from maintaining gainful employment and would benefit from treatment.

ADATSA outpatient treatment was designed to provide sobriety maintenance skills, re-entry counseling, and vocational support services. An individual eligible for these services must have been assessed and referred by an ADATSA assessing entity. Each ADATSA outpatient treatment patient is eligible for a living stipend.

II. Management of Living Stipend Funds

- A. Stipend funds should be immediately available for patients.
- B. Funding is interchangeable except federal outpatient treatment funds can not be used for living stipends, but can be used for:
 - 1. Increased assessments.
 - 2. Enhanced employment overlay.
- C. Creates incentive for patient to find employment.
- D. Teaches patient how to budget.

III. County's Role/Duties

- A. Manage living stipend funds.
 - 1. The County is responsible for ensuring contracted funds are available for living stipends throughout the biennium.
 - 2. Provide subcontractors with living stipend funding.
 - 3. Funds for living stipends must be available to subcontractors for disbursement on first of each month.
 - 4. Reconcile stipend funding monthly on invoice from subcontractor.

5. Reimburse subcontractor on a monthly basis so stipend funding reserve account is replenished in an amount sufficient to cover two months worth of stipends.
 6. Obtain a list or ledger from subcontractor that states patient identification code and amount of stipend each patient received each month.
 7. Monitor subcontractor expenditures for living stipends to ensure that the stipends are spent on appropriate items and on behalf of the patients.
- B. Obtain reimbursement from DASA. Complete A-19 including amount stipend funds that were disbursed.

III. CSO's & Role/Duties

- A. Determines financial eligibility for the ADATSA Program.
- B. Issue medical cards.
- C. Issue food stamps, if eligible.
- D. NO involvement by CSO with stipend determination.

IV. Subcontractors' Role/Duties

- A. Have patient complete release of information to referring ADATSA assessment agency at time of admission into outpatient treatment.
- B. Evaluate each patient at intake to determine the initial level of treatment needed.
- C. Services shall be delivered in accordance with a treatment plan
- D. Report promptly to the referring assessment agency any known change of circumstance of income of the patient, or loss of contact with the patient.
- E. Provide employability assessment as well as job seeking motivation and vocational assistance services.
- F. Report each admission and each discharge to the referring ADATSA assessment agency in writing within five days of discharge or admission.
- G. The outpatient provider, as protective payee must give to the patient all material received from the Department of Social and Health Services (medical cards, food stamps, eligibility review, all correspondence

concerning continued eligibility), except that which relates directly to the protective payee's role.

- H. The outpatient provider as protective payee has the authority and responsibility to make decisions about the expenditure of stipend funds.
- I. As the protective payee responsible for distributing the living stipend:
 - 1. Establish separate checking account for living stipend funds.
 - 2. Establish fiscal protocols to manage and track living stipend funds.
 - 3. Assure that the stipend is spent on behalf of the patients.
 - 4. The use of stipend funds for the protective payee's personal or business use is a crime.
NOTE: Administrative costs incurred in the performance of protective payee duties (checking account fees, postage, etc.) is included in the treatment contract and is not to be taken from the patient's living stipend.
 - 5. A separate accounting record/ledger is required and must be maintained for each patient that records check number, who check was written to, for what purpose, and amount of check. (Sample #1)
 - 6. The provider must consider income when administering living stipends. If the patient becomes employed and earns \$1,000 gross per month or more, do not issue any living stipend until the CSO has determined the patient's financial eligibility

NOTE: The patient retains primary responsibility for reporting changes to the CSO that may affect eligibility.
 - 7. In the event the patient drops out of the program, unexpended funds for that month remain in the general stipend account of the protective payee to be reconciled with the County. Close out the ledger and indicate the date.
 - 8. Reconcile living stipend funds monthly (See attached sample invoice form and back-up information sheet – Sample #2 & #3).
- J. Guidelines regarding living stipend allocation.
 - 1. Living stipend funds are for the purpose of providing ADATSA outpatient treatment patients with basic needs for food, shelter, utilities, clothing, and personal care items.

2. Patients participating in ADATSA outpatient treatment may receive \$339.00 per month.
[NOTE: If a county chooses to limit ADATSA outpatient to a maximum of three months, the maximum dollar amount should not exceed \$1,017.00.]
 3. When a patient starts at a time other than the first of the month, the patient's account will be credited for \$339.00 with disbursement typically being pro-rated by days remaining in the month.
 4. Housing and utility payments should be disbursed in the form of a check to the landlord or utility company upon presentation of a bill or invoice. Remaining funds can be disbursed to the patient to be used for personal needs at the discretion of the P-P depending upon the degree of patient recovery. Patients may receive up to \$40.00 per month for personal incidentals.
 5. Remaining monthly funds, if any, may be disbursed to the patient to cover other basic needs once the patient has provided a receipt.
 6. If a patient goes to work during the course of ADATSA outpatient treatment, stipend funds may still be available to the patient to support his/her employment re-entry or education pursuits (i.e., work boots, uniforms, books, etc.).
 - a. The patient's income cannot exceed the financial eligibility payment standard in order to continue to receive stipend funds.
 - b. Stipend funds must be adjusted down in relationship to need and incentives. Income must be considered in determining the need of the patient and the amount of stipend authorized
 7. The patient must report any change in his/her income to the CSO of origin.
 8. If the patient's gross earned income exceeds \$1,000 per month, do not issue any living stipend funds until a determination of eligibility is made by the CSO.
- K. Determine amount of living stipend funds each patient receives. The counselor and the patient complete a Protective Payee Agreement (See the attached sample forms – Samples #4 & #5).

VI. Recommendations

- A. Assure more than one person is familiar with each aspect of living stipend management in the event of staff turnover.

- B. Designate a “trouble-shooter” at county to problem solve and to coordinate resolution of issues that will come up.

VII. Policies

Transfer Policy and Procedures (See attached).

VIII. Commonly Asked Questions

- A. Q: “Is the patient entitled to the full \$339.00 each month?”

A: No, ADATSA is not an entitlement program. Patients may receive up to \$339.00 per month for basic needs including food, shelter, utilities, clothing, and personal care items. If these costs are less than \$339.00, remaining funds can be used for other purchases that will support the patient’s recovery, re-employment, or education pursuits.

- B. Q: “What about patients who only participate in a partial month of treatment?”

A: The patient living stipend can be pro-rated according to date patient starts treatment. To determine the pro-rated amount, divide \$339.00 by number of days in the month and multiply by the number of days the patient will be in treatment.

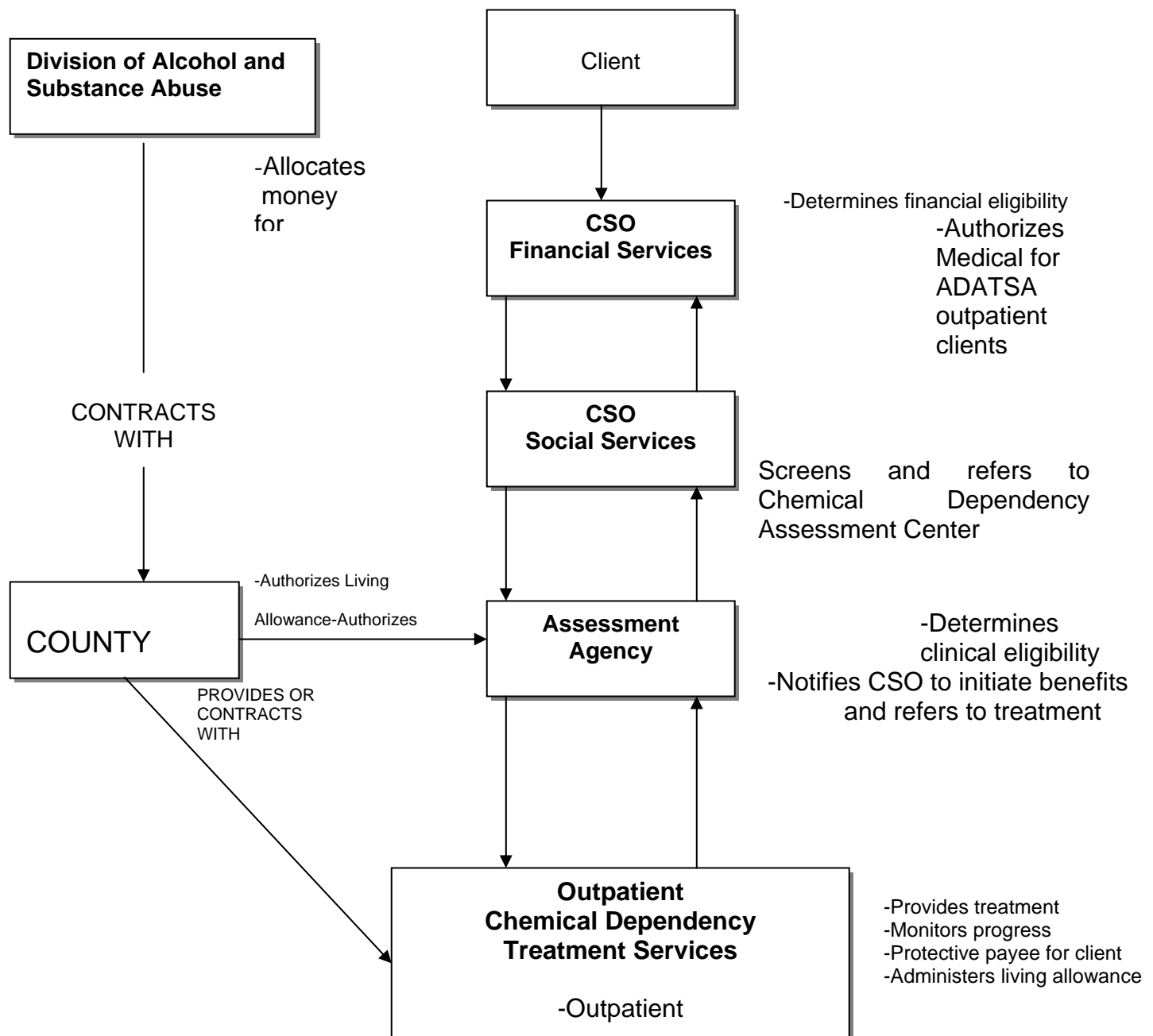
- C. Q: “What can living stipends be spent on?”

A: Living stipends must be used to provide patients with basic needs such as food, shelter, utilities, clothing, and personal care items. Other appropriate expenditures are those that will assist the patient in maintaining their sobriety and/or become employed (See “Guidelines for Stipend Expenditures” policy).

- C. Q: “How can counties give subcontractors funds to disburse on July 1st to ADATSA patients when counties won’t get their biennial working capital advances until after the first A-19 is submitted?”

A: The working capital advance is not reconciled with the state at the end of each biennium (at least not since the end of the ’85-’87 biennium). In essence, the working capital advance is “rolled over” into the following biennium, with periodic adjustments to account for increases in contract awards.

Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) Outpatient Services and Living Allowance



PATIENT ACCOUNT LEDGER

PATIENT NAME _____

DATE	DESCRIPTION OF TRANSACTION	CHECK NUMBER	EXPENSE	DEPOSIT	BALANCE

NUMBER _____

INVOICE
_____ HUMAN SERVICES DEPT.
ALCOHOL AND OTHER DRUG PROGRAMS
ADATSA OUTPATIENT TREATMENT CONTRACTS

CONTRACTING AGENCY NAME & ADDRESS: _____

REPORTING PERIOD: _____ TO _____

CONTRACT NUMBER: _____

Contractor Certification: I hereby certify under penalty of perjury that the units of service and totals listed herein have been estimated/provided in accordance to contractual obligations to the _____ County Human Services Department and that all units of service were provided without discrimination on the grounds of race, creed, national origin, handicap, sex or age. In addition, I certify that complete client data is being entered into TARGET by the fifth working day of the month following the month in which services were received by the client.

AUTHORIZING
SIGNATURE: _____

DATE: _____

**** REIMBURSEMENT SUMMARY ****

APPROVED SERVICE TOTALS	APPROVED UNIT COST	TOTAL UNITS	REIMBURSEMENT	
			CURRENT	TOTAL TO DATE
OUTPATIENT TREATMENT:				
PROTECTIVE PAYEE:	15.00			
PATIENT STIPEND:	N/A	N/A	**	
CURRENT PERIOD TOTAL:				

**** FUNDING DISTRIBUTION ****

FUNDING SOURCE	CURRENT PERIOD	TOTAL TO BUDGET	CURRENT BUDGET	BUDGET BALANCE
FEDERAL: ADATSA OPT.				
STATE: ADATSA				
CURRENT PERIOD TOTAL:		*		

*(CURRENT PERIOD TOTALS MATCH)

****PATIENT LIVING STIPEND RECONCILIATION****

BEGINNING STIPEND BALANCE:	_____
PLUS: MONTHLY STIPEND TOTAL:	_____
LESS: CURRENT MO. DISBURSEMENT:	_____ **
ENDING STIPEND BALANCE:	_____

REVIEWED FOR PAYMENT:

AUTHORIZED FUND:

SAMPLE #2

ADATSA BACK-UP INFORMATION

AGENCY _____

MONTH _____

	PIC Code	Start Date	Term Date	# of Hours	Amount Billed	Stipend Disbursed
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

SAMPLE #3

ADATSA OUTPATIENT TREATMENT SERVICES

GUIDELINES FOR STIPEND EXPENDITURES

In making a determination if an expenditure of patient living stipends is appropriate, the general guideline is: appropriate expenditures are those that will assist the client in maintaining their sobriety and/or become employed. The ADATSA counselor is given discretion in making the final determination. The ADATSA counselor and the client jointly complete the Protective Payee Agreement and prepare a budget for each month.

The following are examples of expenditures that are either acceptable, unacceptable or expenditures that require specific review of the patient's circumstance before making a determination.

EXAMPLES OF ACCEPTABLE EXPENDITURES: rent, food, utilities, personal incidentals (up to \$40.00 per month), work boots/clothes, hair cuts, bus passes and dental work.

EXAMPLES OF UNACCEPTABLE EXPENDITURES: pagers, cell phones, HBO and premium channels, pet food, telephone service add-one (ex. call waiting), child support, gift purchases, gambling, court costs, fines, and electronic equipment (ex. VCR, stereo, TV).

EXAMPLES OF EXPENDITURES REQUIRING COUNSELOR JUDGMENT: (depending on individual client circumstance): car payments, long distance, loan payments, auto repairs, bicycle, tuition costs and savings account.

The examples are not intended to be all encompassing. The ADATSA counselor is encouraged to contact the county staff if an unusual request is made that is not clearly "acceptable" or "unacceptable".

PROTECTIVE PAYEE AGREEMENT

This agreement shall be completed and signed prior to any distribution of funds received by Name of Outpatient Provider for the benefit of DSHS referred patients.

State guidelines for persons receiving Outpatient ADATSA assistance stipulate that the designated funds be used to provide basic needs of food, shelter, utilities, clothing, and personal items.

Bill and/or receipts must be turned in on or before Tuesday at 5:00 p.m. (group time) to be reimbursed on Wednesday. Any bills and/or receipts turned in after group on Tuesday will not be reimbursed until the following week.

You must label bills and receipts with your first and last names.

It is hereby agreed that funds received for _____ will be dispersed as follows:

Monthly award: \$ _____

Payments will be made as follows:

	<u>Payable To</u>	<u>Amount</u>
Shelter	_____ _____ (Address)	_____ _____
Electric	_____	_____
Water	_____	_____
Telephone	_____	_____
Other (specify)	_____	_____
Other (specify)	_____	_____

Distribution of funds shall be contingent upon my successful compliance with your established treatment plan.

SAMPLE #4

PROTECTIVE PAYEE AGREEMENT FOR _____, 20__

Patient Name: _____

This agreement shall be completed and signed prior to distribution of living stipend funds received for the benefit of eligible patients participating in ADATSA Outpatient Treatment Services. Living stipends are for the purpose of providing ADATSA outpatient treatment patients with basic needs for food, shelter, utilities, clothing, and personal items. The protective payee has the authority and responsibility to make decisions about the expenditure of stipend funds.

Maximum amount of monthly living stipend patient is eligible for (pro-rated according to start date and up to \$339.00/month): \$ _____

Distribution of living stipend will be made as follows:

	<u>Payment To:</u>	<u>Amount</u>
Rent/Shelter:	_____ _____ (Address)	\$ _____ per month
Utilities:	_____	\$ _____ per month
Other (specify)	_____	\$ _____ per month
	_____	\$ _____ per month
CPI max/month	_____	\$ _____ \$40
TOTAL		\$ _____ _____

Distribution of funds shall be contingent upon the patient's ongoing compliance with the following program requirements e.g.:

1. Regular attendance at all scheduled group and individual treatment sessions.
2. Attend self-help recovery support groups as outlined in treatment plan.
3. Continued compliance with treatment plan.

Patient Signature _____ Date _____

Counselor Signature _____ Date _____

SAMPLE #5

**CHANGES MADE
TO THE ABC'S OF ADATSA
Revised Edition 7/2007**

Name to remain ABC's of ADATSA

1. Edition number deleted, revision date to be used as the indicator of most updated version

Chapter A – Overview

1. Just a few word deletions

Chapter B – Definitions/Descriptions

1. ASAM: Revised to simplify language and require the use of ASAM PPC
2. GAU: Corrected WAC reference
3. GAX: Added a WAC reference. Deleted the reference to secondary ADATSA as the term is obsolete.
4. Incapacity Social Worker at the CSO: Corrected coordination reference to identify the Social Worker coordinates with the assessment agency as the entity responsible for coordination of ADATSA cases.
5. Residential Treatment: Corrected the statement to present the fact that DASA is the source of funding for residential treatment, not ADATSA.

Chapter C – Eligibility Requirements

1. ADATSA Eligibility: Revised to identify ADATSA as a program of assistance.
2. Felons and Eligibility: Deleted this section as is no longer appropriate.
3. Participation: Deleted the sentence that referred to participation as being the income that a person contributes toward the cost of care while in residential treatment.
4. Primary ADATSA Clients: Section renamed and rewritten as the term of Primary ADATSA Client is obsolete. Rewrote the section to clarify that a person on the ADATSA program must go through an ADATSA assessment agency to receive treatment.
5. Secondary ADATSA Clients: Section renamed and rewritten as the term of Secondary ADATSA is obsolete. This is to make sure that everyone knows the difference in access to treatment for these populations. Made the definitive statement that a person on GAU should not be transferred to the ADATSA program just because he/she has entered treatment.
6. Unemployability and ADATSA Eligibility: Added clarifying language that the assessment agency can request an exception to rule to approve ADATSA for people needing treatment who meet the technical definition of gainfully employed.

Chapter D – ADATSA Process

1. Added a number of WAC references
2. Identified the assessing agency as the responsible party for securing placement for a person after the assessment.
3. Deleted references for “now” beds as obsolete

4. Deleted references to TANF forms as this chapter is devoted to ADATSA
5. Transferred the following sections from Chapter G to this chapter
 - Residential Services Vendor Payment (RSVP) Responsibility
 - TARGET
 - Transfers of ADATSA Treatment Case Records

Chapter E – ADATSA Benefits

1. Deleted section on Outpatient Treatment for Adults as referenced this in a previous chapter.
2. Deleted section on Residential Treatment for Adults and How to Gain Access as referenced this in a previous chapter
3. Corrected WAC references

Chapter F – Other Resources and ADATSA

1. Deleted section on Adults and Youth Medicaid Eligible Outpatient Treatment. Clarified how a person who is receiving a form of public assistance other than ADATSA can access outpatient treatment in a new section of this chapter.
2. Clarified that some patients entering residential treatment funded by CJTA funds may qualify for ADATSA medical benefits while in residential treatment, but they are not longer eligible when entering outpatient treatment.
3. Added section on Outpatient Treatment Services for Non-ADATSA Individuals to clarify how they can access treatment.
4. Added section on Residential Treatment Services for Non-ADATSA Individuals to clarify how they can access treatment.
5. Clarified that TANF patients do not need to be referred to an ADATSA assessment agency for their assessment.

Chapter G – TARGET Forms and Information

Deleted the sections on RSVP, TARGET, and Transfers of cases as moved to a different chapter.

Chapter H – ADATSA Outpatient Treatment Services Transfer Policy and Procedures

Moved this section that was at the end of the DCIG ADATSA Chapter into a chapter of the ABCs of ADATSA.